

Kids Cook!

Class Sign-Up Form

Please print this form and mail with your check payable to Kids Cook!
to:

Kids Cook!
58 Valley Estates Ct.
Little Rock, AR 72212-4406

Child's
Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent's
Name _____

Home Ph. _____ Work Ph. _____ Other Ph. _____

E-mail
Address _____

Class
Requested _____

Class
Date _____

Child's
Doctor _____ Phone _____

Does your child have allergies? If yes, to what? _____

*Fees are due at the time of sign-up in order to reserve your place and
are non-refundable.*

Sorry, we cannot accept credit/debit cards at this time.